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REISSUE APPLICATION DECLARATION BY THE INVENTOR rsons are required to respond to a collection of information unless it displays a valid OMB control number

Docket Number (Optional) RF-MM1

1 77.001				
As a below named inventor, I hereby declare that:  My residence, mailing address and citizenship are stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed				
in patent number 5,759, 606, granted <u>June 2, 1998</u> , and for which a reissue patent is sought on the invention entitled				
reissue patent is sought on the invention entitled				
ENGLISH MUFFIN BAGEL				
the specification of which				
is attached hereto.				
is attached hereto.  was filed on 6/5/00 as reissue application number 09/535, 788 and was amended on (If applicable)				
(Happlicable)				
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.  I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)				
by reason of a defective specification or drawing.				
by reason of the patentee claiming more or less than he had the right to claim in the patent.				
by reason of other errors.				
At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:				
The omission of the prior art step of boiling was not clarified as a negative limitation in the claims.				
All errors which are being corrected in the reissue application up to the time of filing of the declaration arose without any deceptive intention on the part of the applicants.				

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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	CATION DECLARATION BY THE IN		Docket Number (Optional)	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.				
Name(s) Carl C. Kling Registration Number 19, 137				
Correspondence Address: Direct all communications about the application to:				
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Type Customer Number here				
Firm or Individual Name Carl C, Kling				
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City	HAWTHORNE	State	NY Zip 10532	
Country	<u> </u>	<del></del>		
Telephone	914/525-8530	Fax	203/422-2546	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.				
Full name of sole or first inventor (given name, family name)  Robert W. Brown				
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Inventor's signature		Date	Date	
Residence		Citizenship	Citizenship , G	
Mailing Address				
Additional joint inventors are named on senarately numbered sheets attached bareto				